



2010 Registration Packet

Child's Name: _____

Explorer Safari - children ages 6 to 7

Explorer Safari Session 1

June 14-18

9:30 a.m.-12:00 p.m.

Ages: 6-7

Fee: \$60.00

Explorer Safari Session 2

June 14-18

1:00 p.m.-3:30 p.m.

Ages: 6-7

Fee: \$60.00

Ranger Adventure - children ages 8 to 10

Ranger Adventure Session 1

June 21-25

10:00 a.m. -3:00 p.m.

Ages: 8-10

Fee: \$70.00

Ranger Adventure Session 2

July 12-16

10:00 a.m. -3:00 p.m.

Ages: 8-10

Fee: \$70.00

Ranger Adventure Session 3

July 26-30

10:00 a.m. -3:00 p.m.

Ages 8-10

Fee: \$70.00

Junior Outdoor Skills - Children ages 11 to 13

Junior Outdoor Skills Session 1

June 28-July 2

10:00 a.m. -3:00 p.m. (Monday-Wednesday)

Thursday 10:00 a.m.-all night/ Friday pickup at 10:00 a.m.

Ages: 11-13

Fee: \$80.00

Junior Outdoor Skills Session 2

July 19-23

10:00 a.m. -3:00 p.m. (Monday-Wednesday)

Thursday 10:00 a.m.-all night/ Friday pickup at 10:00 a.m.

Ages: 11-13

Fee: \$80.00

Junior Outdoor Skills Session 3

August 2-6

10:00 a.m. -3:00 p.m. (Monday-Wednesday)

Thursday 10:00 a.m.-all night/ Friday pickup at 10:00 a.m.

Ages: 11-13

Fee: \$80.00



2010 Registration Info

Each year Cool Creek's summer camp has continued to provide a quality camp to the campers and community. As we strive to maintain this reputation, Cool Creek is seeking accreditation from the American Camp Association (ACA), an organization that helps ensure camp quality. As a result some changes have been made to the registration process. Please read and carefully fill out the registration forms.

Registration Info:

To register your child for a Day Camp, a registration form, health form, photo release, and waiver must be completed on the day of registration. These forms will be taken no earlier than Saturday, March 13th, 2010 beginning at 10:00 a.m. and must be completed by the parent or legal guardian of the child. A limited number of spaces are available and registration for each camp is on a first-come, first-served basis.

HCPR staff has attempted to make the registration process as simple and fast for our patrons as possible. However, due to the demand for these programs, we suggest parents anticipate a wait. HCPR staff may issue tickets before 10:00 a.m. to each person in line when the line length and/or weather deems necessary. The decision to release tickets is undetermined until registration morning.

HCPR will allow relatives or family friends to register children as long as the parent/ legal guardian of that child has completed the registration form. A strict limit of **four** additional children per registering family will be applied.

Camper Ages:

The child must be of age by August 1, 2010. Parents can only sign up their child for one session of the age appropriate camp and is only permitted to attend the camp for their designated age group. This will help maximize your child's experience at camp. If the child does not meet the appropriate age limit, then the child's spot in camp may be forfeited.

Payments:

Payments can be made by cash or check only. When paying by check please make checks payable to **HCPR** and include your **Driver License** or **Social Security Number**. Payment must be received on the day of registration.

Cancellations:

Unfortunately, NO REFUNDS will be made available after a child is registered. If a child is unable to attend camp for any reason, a credit may be made available towards the next year's camp in 2011. A cancellation form must be completed and approved by the Camp Coordinators in order to receive any credits. This credit may be applied to a child within the same family at the same address. If the credit is not applied to camp in 2011 then the credit is forfeited. Camp availability is on a first-come, first-served basis. A credit towards next year's camp is not a guarantee that a spot will be available for that child. Any available opening will be made to the next available person on the waiting list, as determined by the HCPR staff. Cancellation forms are available at Cool Creek Nature Center or online at www.myhamiltoncountyparks.com. Any concerns towards the cancellation policy may be addressed to the HCPR's Department Director, Al Patterson at the Hamilton County Administration Office by phone at 317-770-4400.

Confidentiality:

Information in this packet is needed to maintain the health and safety of camp participants. All information is kept confidential and is not used to limit camp participation.



Camp Registration Form 2010



Camper's Full Name: _____

Name of Both Parents or Legal Guardians: _____

Address: _____

City: _____ Zip: _____

☐ Home Phone: _____ ☐ Work Phone: _____

☐ Cell Phone: _____ (Please check which is best to use and indicate who has the phone.)

Email: _____

Emergency Contacts:

Name	Day Phone	Relation

Age: _____ Date of Birth: _____ Gender: _____

(Activities are best suited for a specific age. Child must be of age before August 1st, 2010.)

Buddies in Camp: Name: _____ Age: _____

Name: _____ Age: _____

(We strive to be a camp where everyone feels included and welcome. We will try to put friends together, however it is not guaranteed.)

Has your child been to camp at Cool Creek before? _____ If yes, how many years? _____

T-Shirt Sizes:

Child sizes	Adult Sizes
S (6-8)	S
M (10-12)	M
L (14-16)	L
	XL

(T-Shirts are available for Day Camps only. Any extra inventory is made available at the Nature Center gift shop after August 15, 2010.)

Camper Pick-Up Information

Please list all adults who are authorized to pick up your child. Also indicate if your child will be carpooling with this person. Cool Creek staff will only release your child to those listed below. Any adjustments need to be provided to the Camp Coordinators in writing and in person.

Name of Adult	Day Phone	Relation	Name of Carpool Buddy

For your child's safety, please list any adult who is unauthorized to pick up your child.

Name: _____ Relation: _____

Name: _____ Relation: _____



Camp Registration Health Form 2010



Camper's Full Name: _____

Health History

During camp your child may be hiking, wading in creek, cooking outside, running, touching animals, touching plants, getting wet, or camping out. To accommodate the health and safety needs of campers, please fill out the medical information below.

Does your child have any restrictions due to physical limitation, illness, surgery, or medical condition?

Please check all that apply:

Allergies:

_____ Hay Fever
 _____ Insect Stings
 _____ Pollen
 _____ Penicillin
 _____ Food (see below)
 _____ Plants other than Poison Ivy

Other (Specify) _____
 Does child carry an EpiPen? _____

_____ Asthma
 (Does child carry an inhaler _____)
 _____ ADD/ADHD
 _____ Epilepsy
 _____ Seizures
 _____ Hearing
 _____ Diabetes
 Phobias (Specify) _____
 Learning Disabilities _____
 Other: _____

Medical Conditions:

Please list any prescription medications your child takes: _____

Will your child need to take any medications while at camp? _____

Please note that all medications will be secured by camp staff. All medications taken at camp must be in their original container and labeled with directions. Camp does not provide non-prescription medications.

Food and snacks:

Staff will provide snacks. Are there any dietary needs, allergies, restrictions, or concerns that we need to know?

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|--|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleep walking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.



Camp Registration Health Form 2010



Camper's Full Name: _____

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 (month/year)	Dose 2 (month/year)	Dose 3 (month/year)	Dose 4 (month/year)	Dose 5 (month/year)
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)*					
Mumps, measles, rubella (MMR)*					
Polio (IPV)*					
Haemophilus influenzae type B (HIB)					
Pneumococcal (PCV)					
Hepatitis B					
Hepatitis A					
Meningococcal meningitis					

When was your child's most recent tetanus shot? _____
Has your child received immunization for chicken pox? _____ If no, has your child had chicken pox? _____
Tuberculosis (TB) test: Date: _____ ☐ Negative ☐ Positive

Name of child's doctor or physician: _____
Phone: _____
Address: _____ City: _____ Zip: _____

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No
Insurance Company _____ Policy Number _____
Subscriber _____
Insurance Company Phone Number (_____) _____

I understand that the above information may be needed to maintain the health and safety of camp participants. All information is kept confidential and is not used to limit camp participation. I authorize camp staff to dispense medications as directed, treat for minor injuries, and in the event of an emergency seek medical treatment. I am aware that in the event of a medical emergency, the above information may be released to emergency personnel.

In the event that my child is exempted upon religious grounds or other beliefs from any physical examination and all immunization requirements required for attendance at camp it is to the best of my knowledge and belief, my child is and has been in normal good health and is free from all communicable or contagious diseases. It is understood that, should an emergency arise, I will be notified immediately. However, in the event that we cannot be located immediately, the camp staff may take such temporary measures as they deem necessary.

Signature of Parent or Guardian: _____ Date: _____
Please print name: _____



Photograph and Video Release

I give Hamilton County Parks and Recreation Department, its assigns, licensees and legal representatives the irrevocable right to use my child's name, picture, portrait, or photograph in all forms and media and in all manners for advertising, trade or other lawful purposes, and I waive the right to inspect or approve the finished version (s) including written copy that may be created in connection therewith. I am of full age. I have read this release and am fully familiar with its contents. I am the parent or guardian of the named child and have the legal authority to approve the foregoing and waive any rights in the premises.

Please print:

Parent/Guardian: _____

Address: _____

Date: _____

Signature of Parent/Guardian: _____

Individual in Photo/Video (child's name): _____



Waiver/Release From Liability

In consideration of the permission and privilege granted me by the Hamilton County Parks and Recreation Department ("Department") to Utilize Department facilities and services and all related events and recreational activities including, by way of illustration and not by way of limitation, classes, special events, nature programs, swimming, diving, and organized sports, I, the undersigned, for myself, my heirs, assigns and administrators and all other persons within my custody and control, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE DEPARTMENT AND ANY OTHER GOVERNMENTAL AGENCY OF HAMILTON COUNTY, INDIANA ITS AGENTS, OFFICERS AND EMPLOYEES from any and all liability to the undersigned, my heirs, assigns, administrators and persons over whom I may have custody and control, of and from all claims, demands, actions, causes of compensation on account of the death or injury to my person or property and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my use of Department facilities or participation in any Department activity or event.

I certify and warrant that I am in good physical condition and able to participate in the above referenced activities and do agree to do so at my own risk. With respect to my children or other persons over whom I have care and custody, I certify and warrant that to the best of my knowledge such children or other person are in good physical condition and able to participate in above referenced activities.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This Waiver/ Release From Liability shall be construed as a contract between the undersigned and the Hamilton County Parks and Recreation Department and the terms of this Waiver/ Release From Liability are contractual and not mere recital.

The undersigned acknowledges that the consideration received for the Waiver/Release From Liability included the permission granted to utilize Department facilities and participate in Department programs, and that this Waiver/Release From Liability is intended to be as broad and as inclusive as permitted by the laws of the State of Indiana.

IN WITNESS WHEREOF, I have executed the Waiver/Release From Liability on _____, 2010

Name of Participant: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Printed Name of parent or Legal Guardian

Signature of Parent or Legal Guardian

Parks Department:

Accepted this _____ day of _____, 2010

By: _____
Superintendent